



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## INFORMATIONAL LETTER NO.1669

**DATE:** May 10, 2016

**TO:** Iowa Medicaid Hospital, Physicians, Dentists, Podiatrists, Optometrists, Opticians, Pharmacy, Home Health Agency, Independent Lab, Ambulance, Medical Supply Dealers, Clinics, Rural Health Clinics, Chiropractors, Audiologists, Skilled Nursing Facilities, Rehab Agencies, Intermediate Care Facilities (ICF), Community Mental Health Centers, Mental Hospitals, Community Based Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID), Psychologists, Hearing Aid Dealers, Orthopedic Shoe Dealers, Ambulatory Surgical Centers, Certified Registered Nurse Anesthetists, Hospice, Clinical Social Workers, Federal Qualified Health Centers (FQHC), Nursing Facility-Mental III, Advance Registered Nurse Practitioners and Managed Care Organizations (MCOs)

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Reminder-IME Processing of Medicare Crossover Claims

**EFFECTIVE:** Upon Receipt

This letter is to clarify claim submission expectations after a claim has been adjudicated by Medicare and Medicare Health Maintenance Organizations (HMOs) to the IME for the Iowa Medicaid Fee-for-Service (FFS) population.

When a member has traditional Medicare, the claim should automatically “crossover” to the IME for payment of the remaining co-insurance and/or deductible.

In a situation where the claim does not automatically “crossover” all providers enrolled with Iowa Medicaid are required to use the IME Medicare Crossover Invoice Forms; Institutional [470-4707](https://dhs.iowa.gov/sites/default/files/CrossOver-Institutional.pdf)<sup>1</sup> and Professional [470-4708](https://dhs.iowa.gov/sites/default/files/CrossOver-Professional.pdf)<sup>2</sup>, located on the DHS [Claim Forms and Instructions](http://dhs.iowa.gov/ime/Providers/claims-and-billing/ClaimsPage)<sup>3</sup> web page. Each submission should include a copy of the Explanation of Medicare Benefits (EOMB) as an attachment. The forms are to be used only after Medicare has paid and established a coinsurance and/or deductible. These forms are not for submission of a claim where Medicare has denied the charge(s). **Providers should not submit claims to both Medicare and the IME.**

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<sup>1</sup> <https://dhs.iowa.gov/sites/default/files/CrossOver-Institutional.pdf>

<sup>2</sup> <https://dhs.iowa.gov/sites/default/files/CrossOver-Professional.pdf>

<sup>3</sup> <http://dhs.iowa.gov/ime/Providers/claims-and-billing/ClaimsPage>

Providers are also encouraged to submit Part B crossovers electronically to the IME when claims do not crossover automatically through coordination of benefits (COB). Please refer to Informational Letter [1465](#)<sup>4</sup> for submission instructions.

In a situation where Medicare has denied charges, either the CMS-1500 or UB04 claim form, should be submitted with the denied EOMB attached.

If a provider submits a “straight” Medicaid claim (billed on a UB04 or CMS-1500) and later finds out the member is Medicare eligible, the Medicaid claim should be credited back before submitting the claim to Medicare.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909 or by email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).

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<sup>4</sup><https://dhs.iowa.gov/sites/default/files/1465%20Electronic%20Process%20for%20Billing%20Part%20B%20Crossover.pdf>